

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Wisconsin Medical Society Political Action Committee

ADDRESS (number and street) ▼

330 E. Lakeside Street

☐ Check if different than previously reported. (ACC)

Madison

WI

53715

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00548438

3. IS THIS  
REPORTNEW  
(N)

OR

AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☒ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y

04

01

2016

06

30

2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Chris Rasch

Signature of Treasurer

Mr. Chris Rasch

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y

07

15

2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y  
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2016</span>		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19) .....	6177.00	10431.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	6177.00	10431.00
7. Total Disbursements (from Line 31) .....	6177.00	10431.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	0.00	0.00
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# DETAILED SUMMARY PAGE

## of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Wisconsin Medical Society Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	6		

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	6177.00	10431.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ►	6177.00	10431.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	6177.00	10431.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ►	6177.00	10431.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	6177.00	10431.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6177.00	10431.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	6177.00	10431.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6177.00	10431.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	6177.00	10431.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	6177.00	10431.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	0.00	0.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 6 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Mr. James Ronald Lehman**

Mailing Address 406 Paunack Pl Apt D

City

Madison

State

WI

Zip Code

53726-2316

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UW School of Medicine and Public Health

Occupation

Student

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	18	/	2016

Transaction ID : 8023437

Amount of Each Receipt this Period

27.00

☐ Memo Item

Earmarked for Bernie 2016

Full Name (Last, First, Middle Initial)

**B. Doctor Sridhar V. Vasudevan**

Mailing Address 5200 Upper Lakeview Ridge Rd

City

Belgium

State

WI

Zip Code

53004-9001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Froedtert &amp; The Medical College of Wis

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2016

Transaction ID : 8036190

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked for Duffy for Congress

Full Name (Last, First, Middle Initial)

**C. Doctor David Claude Thies**

Mailing Address 111 Griffin St

City

Elkhorn

State

WI

Zip Code

53121-1231

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AMG Aurora Health Center - Commerce

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	29	/	2016

Transaction ID : 8036192

Amount of Each Receipt this Period

200.00

☐ Memo Item

Earmarked for Ron Johnson for Senate

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

277.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Doctor Daniel D. Bennett**

Mailing Address 1119 Van Buren St

City

Madison

State

WI

Zip Code

53711-2223

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UW Health-West Clinic

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 05 / 2016

Transaction ID : 8044804

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for Russ for Wisconsin

Full Name (Last, First, Middle Initial)

## **B. Doctor Martha (Molli) Leigh Rolli**

Mailing Address 4322 Rolla Ln

City

Madison

State

WI

Zip Code

53711-2812

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Mendota Mental Health Inst

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 05 / 2016

Transaction ID : 8044822

Amount of Each Receipt this Period

1000.00

☐ Memo Item

Earmarked for Russ for Wisconsin

Full Name (Last, First, Middle Initial)

## **C. Doctor Angela Christine Janis**

Mailing Address 100 Wisconsin Ave Apt 1005

City

Madison

State

WI

Zip Code

53703-4171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Health Services Clinic

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 05 / 2016

Transaction ID : 8044857

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Russ for Wisconsin

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1350.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 8 OF 40

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Doctor Thomas J. Lewandowski**

Mailing Address 113 Limekiln Dr

City

Neenah

State

WI

Zip Code

54956-4213

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ThedaCare Cardiovascular Care

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5		2	0	1	6		

Transaction ID : 8044859

Amount of Each Receipt this Period

150.00

☐ Memo Item

Earmarked for Russ for Wisconsin

Full Name (Last, First, Middle Initial)

**B. Doctor Edward L. Bradbury**

Mailing Address 1921 Kendall Ave

City

Madison

State

WI

Zip Code

53726-4007

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UW Health Stroke Clinic

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5		2	0	1	6		

Transaction ID : 8044861

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Russ for Wisconsin

Full Name (Last, First, Middle Initial)

**C. Mr. Chris A. Rasch**

Mailing Address 2018 North 2nd St

City

Milwaukee

State

WI

Zip Code

53212-3206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wisconsin Medical Society

Occupation

Government Relations Specialist

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5			0	5		2	0	1	6		

Transaction ID : 8044863

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked for Russ for Wisconsin

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

A. Doctor Allan Bertram Levin

Mailing Address 4585 Fox Bluff Lane

City

Middleton

State

WI

Zip Code

53562-2327

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

Transaction ID : 8044865

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for Russ for Wisconsin

Full Name (Last, First, Middle Initial)

B. Doctor Timothy Lisle Bartholow

Mailing Address 714 Dunning St

City

Madison

State

WI

Zip Code

53704-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEA Trust

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

Transaction ID : 8044867

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for Russ for Wisconsin

Full Name (Last, First, Middle Initial)

C. Ms. Linda Syth

Mailing Address 374 Oakwood Dr

City

Oregon

State

WI

Zip Code

53575-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wisconsin Medical Society

Occupation

CEO

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

Transaction ID : 8044869

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Russ for Wisconsin

SUBTOTAL of Receipts This Page (optional).....▶

600.00

TOTAL This Period (last page this line number only).....▶

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 10 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Doctor Tosha Beth Wetterneck**

Mailing Address 4209 Manitou Way

City

Madison

State

WI

Zip Code

53711-3703

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University of Wisconsin Hospital and C

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 05 / 2016

Transaction ID : 8044871

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked for Russ for Wisconsin

Full Name (Last, First, Middle Initial)

**B. Doctor John William Hartman**

Mailing Address 1521 Belle Plane Cir

City

Green Bay

State

WI

Zip Code

54313-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Visonex

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2016

Transaction ID : 8072472

Amount of Each Receipt this Period

150.00

☐ Memo Item

Earmarked for Lasee for Congress

Full Name (Last, First, Middle Initial)

**C. Doctor Angela Christine Janis**

Mailing Address 100 Wisconsin Ave Apt 1005

City

Madison

State

WI

Zip Code

53703-4171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Health Services Clinic

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
05 / 12 / 2016

Transaction ID : 8072476

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Tim Canova for Congress

SUBTOTAL of Receipts This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

300.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Doctor Julie Ruth Fagan**

Mailing Address 57 Chequamegon Bay

City

Madison

State

WI

Zip Code

53719-3028

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UW Health-West Clinic

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 16 / 2016

Transaction ID : 8077574

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Russ for Wisconsin

Full Name (Last, First, Middle Initial)

## **B. Doctor Sandra L. Osborn**

Mailing Address 2085 County Road J

City

Verona

State

WI

Zip Code

53593-8829

FEC ID number of contributing  
federal political committee.

C

Name of Employer

UW School of Medicine and Public Health

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 16 / 2016

Transaction ID : 8077601

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Russ for Wisconsin

Full Name (Last, First, Middle Initial)

## **C. Doctor Timothy Lisle Bartholow**

Mailing Address 714 Dunning St

City

Madison

State

WI

Zip Code

53704-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEA Trust

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 16 / 2016

Transaction ID : 8077628

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for Russ for Wisconsin

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Doctor Sridhar V. Vasudevan**

Mailing Address 5200 Upper Lakeview Ridge Rd

City

Belgium

State

WI

Zip Code

53004-9001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Froedtert & The Medical College of Wis

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 19 / 2016

**Transaction ID : 8082838**

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)

**B. Doctor Gregory A. Shove**

Mailing Address 1444 Valley View Dr

City

Mount Pleasant

State

WI

Zip Code

53405-1743

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

05 / 19 / 2016

**Transaction ID : 8082839**

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked for Hillary for America

Full Name (Last, First, Middle Initial)

**C. Doctor Timothy Lisle Bartholow**

Mailing Address 714 Dunning St

City

Madison

State

WI

Zip Code

53704-5614

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WEA Trust

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 03 / 2016

**Transaction ID : 8099017**

Amount of Each Receipt this Period

150.00

☐ Memo Item

Earmarked for Pocan for Congress

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 13 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Doctor Robert John Jaeger**

Mailing Address 1418 W Chippewa Trl

City

Mosinee

State

WI

Zip Code

54455-9418

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 02 / 2016

Transaction ID : 8099023

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Ron Johnson for Senate

Full Name (Last, First, Middle Initial)

**B. Doctor Angela Christine Janis**

Mailing Address 100 Wisconsin Ave Apt 1005

City

Madison

State

WI

Zip Code

53703-4171

FEC ID number of contributing  
federal political committee.

C

Name of Employer

University Health Services Clinic

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 03 / 2016

Transaction ID : 8099027

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for Nelson for Wisconsin

Full Name (Last, First, Middle Initial)

**C. Doctor Gerald Paul Clarke**

Mailing Address W7056 Firelane #3

City

Menasha

State

WI

Zip Code

54952

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ophthalmic Surgery of Wisconsin LTD

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 22 / 2016

Transaction ID : 8142927

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Mike Gallagher for Wisconsin

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

450.00

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER: PAGE 14 OF 40  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ms. Sherry Clarke**

Mailing Address W7067 Firelane 3

City

Menasha

State

WI

Zip Code

54952-9464

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Ophthalmic Surgery of Wisconsin LTD

Occupation

Receipt For: 2015



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2		2	0	1	6		

Transaction ID : 8142938

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Mike Gallagher for Wisconsin

Full Name (Last, First, Middle Initial)

**B. Ms. Linda Syth**

Mailing Address 374 Oakwood Dr

City

Oregon

State

WI

Zip Code

53575-3431

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Wisconsin Medical Society

Occupation

CEO

Receipt For: 2015



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2		2	0	1	6		

Transaction ID : 8142940

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for Nelson for Wisconsin

Full Name (Last, First, Middle Initial)

**C. Doctor George L. Morris**

Mailing Address 1578 E Cumberland Blvd

City

Whitefish Bay

State

WI

Zip Code

53211-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Epilepsy Care Specialists SC

Occupation

Physician

Receipt For: 2015



Primary



General



Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

M	M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	2		2	0	1	6		

Transaction ID : 8142942

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Nelson for Wisconsin

**SUBTOTAL** of Receipts This Page (optional)..... ►

450.00

**TOTAL** This Period (last page this line number only)..... ►

**SCHEDULE A (FEC Form 3X)**  
**ITEMIZED RECEIPTS**

 Use separate schedule(s)  
 for each category of the  
 Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 40

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Kristen Dexter**

Mailing Address 7410 Lakeview Dr

City

Eau Claire

State

WI

Zip Code

54701-8329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 22 / 2016

Transaction ID : 8142944

Amount of Each Receipt this Period

150.00

☐ Memo Item

Earmarked for Nelson for Wisconsin

Full Name (Last, First, Middle Initial)

**B. Doctor Laurence Ross Gordon**

Mailing Address 1809 Statesman Dr

City

Wausau

State

WI

Zip Code

54403-5132

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Aspirus Weston Clinic

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : 8142946

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked for Duffy for Congress

Full Name (Last, First, Middle Initial)

**C. Doctor Sridhar V. Vasudevan**

Mailing Address 5200 Upper Lakeview Ridge Rd

City

Belgium

State

WI

Zip Code

53004-9001

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Froedtert &amp; The Medical College of Wis

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2016

Transaction ID : 8142948

Amount of Each Receipt this Period

50.00

☐ Memo Item

Earmarked for Glenn Grothman for Congress

SUBTOTAL of Receipts This Page (optional)..... ►

700.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 OF 40

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Doctor Michael C. Reineck**

Mailing Address 5730 Paradise Ridge

City

West Bend

State

WI

Zip Code

53095-8779

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Michael C Reineck MD SC

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 28 / 2016

Transaction ID : 8142950

Amount of Each Receipt this Period

100.00

☐ Memo Item

Earmarked for Glenn Grothman for Congress

Full Name (Last, First, Middle Initial)

**B. Doctor John William Hartman**

Mailing Address 1521 Belle Plane Cir

City

Green Bay

State

WI

Zip Code

54313-3211

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Visonex

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 28 / 2016

Transaction ID : 8142952

Amount of Each Receipt this Period

250.00

☐ Memo Item

Earmarked for Lasee for Congress

Full Name (Last, First, Middle Initial)

**C. Doctor George L. Morris**

Mailing Address 1578 E Cumberland Blvd

City

Whitefish Bay

State

WI

Zip Code

53211-1141

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Epilepsy Care Specialists SC

Occupation

Physician

Receipt For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

06 / 28 / 2016

Transaction ID : 8142954

Amount of Each Receipt this Period

500.00

☐ Memo Item

Earmarked for Nelson for Wisconsin

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

850.00

6177.00



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Bernie 2016**

Mailing Address P.O. Box 905

City	State	Zip Code
Burlington	VT	05402

Purpose of Disbursement  
Earmarked by James Lehman: Pac limits unaffected

Candidate Name

**Bernie Sanders**Office Sought: ☐ House  
☐ Senate  
☒ President  
State: District:Disbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2016

**Transaction ID : 8023440**

Amount of Each Disbursement this Period

27.00
-------

☐ Memo Item

Earmarked by James Lehman: Pac limits unaffected

Full Name (Last, First, Middle Initial)

**B. Duffy for Congress**

Mailing Address P.O. Box 538

City	State	Zip Code
Wausau	WI	54402

Purpose of Disbursement  
Earmarked by Sri Vasudevan; PAC limits unaffected

Candidate Name

**Sean Duffy**Office Sought: ☒ House  
☐ Senate  
☐ President  
State: WI District: 07Disbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2016

**Transaction ID : 8036196**

Amount of Each Disbursement this Period

50.00
-------

☐ Memo Item

Earmarked by Sri Vasudevan; PAC limits unaffected

Full Name (Last, First, Middle Initial)

**C. Ron Johnson For Senate Inc**Mailing Address 219 E Washington Ave  
Suite 101

City	State	Zip Code
Oshkosh	WI	54901

Purpose of Disbursement  
Earmarked by David Thies; PAC limits unaffected

Candidate Name

**Sen. Ron Johnson**Office Sought: ☐ House  
☒ Senate  
☐ President  
State: WI District:Disbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2016

**Transaction ID : 8036197**

Amount of Each Disbursement this Period

200.00
--------

☐ Memo Item

Earmarked by David Thies; PAC limits unaffected

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

277.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement  
Earmarked by (see memo entries); PAC limits unaffected

011

Candidate Name

**Russ Feingold**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8071078**

Amount of Each Disbursement this Period

2300.00
---------

☐ Memo Item

Earmarked by (see memo entries); PAC limits unaffected

Full Name (Last, First, Middle Initial)

**B. Lasee for Congress**

Mailing Address P.O. Box 5403

City De Pere	State WI	Zip Code 54115
-----------------	-------------	-------------------

Purpose of Disbursement  
Earmarked by John Hartman; PAC limits unaffected

011

Candidate Name

**Frank Lasee**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2016

**Transaction ID : 8072540**

Amount of Each Disbursement this Period

150.00
--------

☐ Memo Item

Earmarked by John Hartman; PAC limits unaffected

Full Name (Last, First, Middle Initial)

**C. Tim Canova for Congress**

Mailing Address P.O. Box 22-1868

City Hollywood	State FL	Zip Code 33022-1868
-------------------	-------------	------------------------

Purpose of Disbursement  
Earmarked by Angela Janis; PAC limits unaffected

011

Candidate Name

**Tim Canova**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: FL District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2016

**Transaction ID : 8072546**

Amount of Each Disbursement this Period

100.00
--------

☐ Memo Item

Earmarked by Angela Janis; PAC limits unaffected

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2550.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 19 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement  
Earmarked by (see memo entries); PAC limits unaffected

Candidate Name

**Russ Feingold**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

**Transaction ID : 8077630**

Amount of Each Disbursement this Period

450.00
--------

☐ Memo Item

Earmarked by (see memo entries); PAC limits unaffected

Full Name (Last, First, Middle Initial)

**B. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Russ Feingold**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

**Transaction ID : 8077632**

Amount of Each Disbursement this Period

100.00
--------

☒ Memo Item

(Memo Entry)

Full Name (Last, First, Middle Initial)

**C. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Russ Feingold**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

**Transaction ID : 8077634**

Amount of Each Disbursement this Period

250.00
--------

☒ Memo Item

(Memo Entry)

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00
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: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8077632

Earmarked by Sandra Osborn; PAC limits unaffected

Form/Schedule: SB23

Transaction ID: 8077634

Earmarked by Tim Bartholow; PAC limits unaffected

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 21 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Glenn Grothman for Congress**

Mailing Address P.O. Box 1215

City	State	Zip Code
Fond du Lac	WI	54936

Purpose of Disbursement  
Earmarked by Sri Vasudevan; PAC limits unaffected

Candidate Name

**Glenn Grothman for Congress**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2016

**Transaction ID : 8082840**

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item

Earmarked by Sri Vasudevan; PAC limits unaffected

Full Name (Last, First, Middle Initial)

**B. Hillary for America**

Mailing Address P.O. Box 2001

City	State	Zip Code
New York	NY	10116-2001

Purpose of Disbursement  
Earmarked by Greg Shove; PAC limits unaffected

Candidate Name

**Hillary Clinton**Office Sought: ☐ House  
☐ Senate  
☒ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		19		2016

**Transaction ID : 8082841**

Amount of Each Disbursement this Period

50.00
-------

☐ Memo Item

Earmarked by Greg Shove; PAC limits unaffected

Full Name (Last, First, Middle Initial)

**C. Pocan for Congress**

Mailing Address PO Box 327

City	State	Zip Code
Madison	WI	53701

Purpose of Disbursement  
Earmarked by Tim Bartholow; PAC limits unaffected

Candidate Name

**Mark Pocan**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

**Transaction ID : 8099031**

Amount of Each Disbursement this Period

150.00
--------

☐ Memo Item

Earmarked by Tim Bartholow; PAC limits unaffected

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

450.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 22 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Ron Johnson For Senate Inc**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		02		2016

Mailing Address 219 E Washington Ave  
Suite 101

City Oshkosh State WI Zip Code 54901

Purpose of Disbursement  
Earmarked by Robert Jaeger; PAC limits unaffected

011

**Transaction ID : 8099035**

Amount of Each Disbursement this Period

100.00
--------

☐ Memo Item

Earmarked by Robert Jaeger; PAC limits unaffected

Candidate Name

**Sen. Ron Johnson**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Full Name (Last, First, Middle Initial)

**B. Nelson for Wisconsin**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		03		2016

Mailing Address P.O. Box 348

City Kaukauna State WI Zip Code 54130

Purpose of Disbursement  
Earmarked by Angela Janis; PAC limits unaffected

011

**Transaction ID : 8099037**

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item

Earmarked by Angela Janis; PAC limits unaffected

Candidate Name

**Tom Nelson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Full Name (Last, First, Middle Initial)

**C. Mike Gallagher for Wisconsin**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		24		2016

Mailing Address P.O. Box 1027

City Green Bay State WI Zip Code 54305

Purpose of Disbursement  
Earmarked by Sherry Clarke 100/Gerald Clarke 100; PAC limits unaffected

011

**Transaction ID : 8137952**

Amount of Each Disbursement this Period

200.00
--------

☐ Memo ItemEarmarked by Sherry Clarke 100/Gerald Clarke 100;  
PAC limits unaffected

Candidate Name

**Mike Gallagher**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

550.00

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8099037

Earmarked by Angela Janis; PAC limits unaffected

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 24 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Nelson for Wisconsin**

Mailing Address P.O. Box 348

City	State	Zip Code
Kaukauna	WI	54130

Purpose of Disbursement  
Earmarked by (see memo entries); PAC limits unaffected

Candidate Name

**Tom Nelson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

**Transaction ID : 8137953**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Earmarked by (see memo entries); PAC limits unaffected

Full Name (Last, First, Middle Initial)

**B. Duffy for Congress**

Mailing Address P.O. Box 538

City	State	Zip Code
Wausau	WI	54402

Purpose of Disbursement  
Earmarked by Laurence Gordon; PAC limits unaffected

Candidate Name

**Sean Duffy**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : 8142996**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Earmarked by Laurence Gordon; PAC limits unaffected

Full Name (Last, First, Middle Initial)

**C. Glenn Grothman for Congress**

Mailing Address P.O. Box 1215

City	State	Zip Code
Fond du Lac	WI	54936

Purpose of Disbursement  
Earmarked by Sri Vasudevan 50/Michael Reineck 100; PAC limits unaffected

Candidate Name

**Glenn Grothman for Congress**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		28		2016

**Transaction ID : 8143010**

Amount of Each Disbursement this Period

150.00
--------

☐ Memo Item

Earmarked by Sri Vasudevan 50/Michael Reineck 100; PAC limits unaffected

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1150.00
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 25 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lasee for Congress**

Mailing Address P.O. Box 5403

City	State	Zip Code
De Pere	WI	54115

Purpose of Disbursement  
Earmarked by John Hartman; PAC limits unaffected

Candidate Name

**Frank Lasee**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8143014**

Amount of Each Disbursement this Period

250.00
--------

☐ Memo Item

Earmarked by John Hartman; PAC limits unaffected

Full Name (Last, First, Middle Initial)

**B. Nelson for Wisconsin**

Mailing Address P.O. Box 348

City	State	Zip Code
Kaukauna	WI	54130

Purpose of Disbursement  
Earmarked by George Morris; PAC limits unaffected

Candidate Name

**Tom Nelson**Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	28	/	2016

**Transaction ID : 8143017**

Amount of Each Disbursement this Period

500.00
--------

☐ Memo Item

Earmarked by George Morris; PAC limits unaffected

Full Name (Last, First, Middle Initial)

**C. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City	State	Zip Code
Middleton	WI	53562

Purpose of Disbursement

Candidate Name

**Russ Feingold**Office Sought: ☐ House  
☒ Senate  
☐ PresidentDisbursement For: 2015  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	05	/	2016

**Transaction ID : 8178474**

Amount of Each Disbursement this Period

250.00
--------

☒ Memo Item

(Memo Entry)

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

750.00
--------

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: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178474

Earmarked by Dan Bennett; PAC limits unaffected

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 27 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8178481**

Amount of Each Disbursement this Period

1000.00
---------

☒ Memo Item  
(Memo Entry)

Full Name (Last, First, Middle Initial)

**B. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8178489**

Amount of Each Disbursement this Period

100.00
--------

☒ Memo Item  
(Memo Entry)

Full Name (Last, First, Middle Initial)

**C. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8178490**

Amount of Each Disbursement this Period

150.00
--------

☒ Memo Item  
(Memo Entry)
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178481

Earmarked by Martha Rolli; PAC limits unaffected

Form/Schedule: SB23

Transaction ID: 8178489

Earmarked by Angela Janis; PAC limits unaffected

: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178489

Earmarked by Angela Janis; PAC limits unaffected

Form/Schedule: SB23

Transaction ID: 8178490

Earmarked by Thomas Lewandowski; PAC limits unaffected

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City	State	Zip Code
Middleton	WI	53562

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8178492**

Amount of Each Disbursement this Period

100.00
--------

☒ Memo Item  
(Memo Entry)

Full Name (Last, First, Middle Initial)

**B. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City	State	Zip Code
Middleton	WI	53562

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8178494**

Amount of Each Disbursement this Period

50.00
-------

☒ Memo Item  
(Memo Entry)

Full Name (Last, First, Middle Initial)

**C. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City	State	Zip Code
Middleton	WI	53562

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8178495**

Amount of Each Disbursement this Period

250.00
--------

☒ Memo Item  
(Memo Entry)
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
------

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: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178492

Earmarked by Edward Bradbury; PAC limits unaffected

Form/Schedule: SB23

Transaction ID: 8178494

Earmarked by Chris Rasch; PAC limits unaffected

: 97 `A=G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @ `CF`+9A=N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178495

Earmarked by Allan Levin; PAC limits unaffected

Form/Schedule:

Transaction ID:



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 33 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8178498**

Amount of Each Disbursement this Period

250.00
--------

☒ Memo Item  
(Memo Entry)

Full Name (Last, First, Middle Initial)

**B. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8178501**

Amount of Each Disbursement this Period

100.00
--------

☒ Memo Item  
(Memo Entry)

Full Name (Last, First, Middle Initial)

**C. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement

011

Category/  
Type

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		05		2016

**Transaction ID : 8178502**

Amount of Each Disbursement this Period

50.00
-------

☒ Memo Item  
(Memo Entry)
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
------

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: 97 `A-G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A-N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178498

Earmarked by Tim Bartholow; PAC limits unaffected

Form/Schedule: SB23

Transaction ID: 8178501

Earmarked by Linda Syth; PAC limits unaffected

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178502

Earmarked by Tosha Wetterneck; PAC limits unaffected

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Wisconsin Medical Society Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Russ for Wisconsin Inc**

Mailing Address P.O. Box 620061

City Middleton	State WI	Zip Code 53562
-------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Russ Feingold**

Office Sought:

☐ House  
☒ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2016

**Transaction ID : 8178506**

Amount of Each Disbursement this Period

100.00
--------

☒ Memo Item  
(Memo Entry)

Full Name (Last, First, Middle Initial)

**B. Nelson for Wisconsin**

Mailing Address P.O. Box 348

City Kaukauna	State WI	Zip Code 54130
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Tom Nelson**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

**Transaction ID : 8178507**

Amount of Each Disbursement this Period

250.00
--------

☒ Memo Item  
(Memo Entry)

Full Name (Last, First, Middle Initial)

**C. Nelson for Wisconsin**

Mailing Address P.O. Box 348

City Kaukauna	State WI	Zip Code 54130
------------------	-------------	-------------------

Purpose of Disbursement

Candidate Name

**Tom Nelson**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

**Transaction ID : 8178508**

Amount of Each Disbursement this Period

100.00
--------

☒ Memo Item  
(Memo Entry)
**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

0.00
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: 97 `A-G79 @C B9CI G`H9LH`F9 @5 H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+9A-N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178506

Earmarked by Julie Fagan; PAC limits unaffected

Form/Schedule: SB23

Transaction ID: 8178507

Earmarked by Linda Syth; PAC limits unaffected

: 97 `A=G79 @G B9CI G`H9LH`F9 @H98 `HC`5 `F9DCFHŽG7 <98I @`CF`+H9A=N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178508

Earmarked by George Morris; PAC limits unaffected

Form/Schedule:

Transaction ID:

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 39 OF 40

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Wisconsin Medical Society Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Nelson for Wisconsin**

Mailing Address P.O. Box 348

City  
KaukaunaState  
WIZip Code  
54130

Purpose of Disbursement

011

Category/  
Type

Candidate Name

Tom Nelson

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2015

☒ Primary ☐ General  
☐ Other (specify) ▼

State: WI

District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		22		2016

Transaction ID : 8178509

Amount of Each Disbursement this Period

150.00
--------

☒ Memo Item  
(Memo Entry)
**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item
**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Disbursement this Period

--

☐ Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

0.00
------

6177.00
---------

: 97 `A=G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFHŽG7 <98I @G `CF`+H9A=N5HCB  
.

Form/Schedule: SB23

Transaction ID : 8178509

Earmarked by Kristen Dexter; PAC limits unaffected

Form/Schedule:

Transaction ID: